

P17000060752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 JUL 17 AM 10:16  
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T. BURCH  
JUL 18 2017

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Certificate of Domestication

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Awaken Institute

Name (printed or typed)

1094 Woodsmere Pkwy

Address

Rockledge, FL 32955

City, State & Zip

321-507-9211

Daytime Telephone Number

Morgana@Awaken-Institute.com

E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Morgana Starr, President  
(Name) (Title)  
of Seraphim Voices, Inc a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August, 12 2015.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Seraphim Voices, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Awaken Institute, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Delaware.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Morgana Starr, of Awaken Institute, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the \_\_\_\_ day of July, 2017.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**

*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Awaken Institute, Inc

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

404 Brevard Ave

1094 Woodsmere Pkwy

Unit D

Rockledge, FL 32955

Cocoa, FL 32922

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

Any and all lawful business

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 2000

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Morgana Starr

President

Title/Name

Daena Dussich

Vice President & Secretary

Title/Name

Mara Stevens

Treasurer

Title/Name

MaryCatherine Chu

Director

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Flavin, Nooney & Person, CPA's & Advisors

2200 S Babcock St

Melbourne, FL 32901

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Morgana Starr

1094 Woodsmere Pkwy


Rockledge, FL 32955

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17 JUL 17 AM 10:17  
NOTARIAL PUBLIC  
JULIAN J. JAMES

\*\*\*\*\*  
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

  
Signature/Registered Agent

7/7/17  
Date

  
Signature/Incorporator

7/7/17  
Date